

Please type a plus sign (+) inside this box ☐

+

PTO/SB/05 (08/00)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	39230-0706
		First Inventor or Application Identifier	Peter B. Atanackovic & Larry Marshall
		Title	DEVICES WITH OPTICAL GAIN IN SILICON
		Express Mail Label No.	EL 993691359 US
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 30]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed-Sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Detailed Description of the Drawings</li><li>- Detailed Description</li><li>- Claim(s)</li></ul>		a. <input type="checkbox"/> Computer Readable Copy	
4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 12]</i>		b. <input type="checkbox"/> Paper Copy (identical to computer copy)	
5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages 3]</i> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>		c. <input type="checkbox"/> Statement verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
<b>ACCOMPANYING APPLICATION PARTS</b>			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
13. <input type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
16. <input type="checkbox"/> Other: _____			
17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/924,392</u> <i>Prior application information: Examiner Jackson Jr., Jerome Group/Art Unit: 2815</i>			
<b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>25213</b> or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>			
NAME _____			
ADDRESS _____			
CITY _____		STATE _____	ZIP CODE _____
COUNTRY _____		TELEPHONE _____	FAX _____
Name (Print/Type) <u>Taul Davis</u>		Registration No. (Attorney/Agent)	29,294
Signature <u>Taul Davis</u>		Date	April 16, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

041604

16569 U.S. PTO

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <i>Effective 01/01/2004. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	TBA
		Filing Date	Herewith (4/16/04)
		First Named Inventor	Peter B. Atanackovic
		Examiner Name	Jackson Jr., Jerome
		Art Unit	2815
		Attorney Docket No.	39230-0706
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,127.00	

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">08-1641 (Docket No. 39230-0706)</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Heller Ehrman White &amp; McAuliffe LLP</span> The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					<b>3. ADDITIONAL FEES</b>				
FEE CALCULATION									
<b>1. BASIC FILING FEE</b>									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
1001	770	2001	385	Utility filing fee	<span style="border: 1px solid black; padding: 2px;">385.00</span>				
1002	340	2002	170	Design filing fee	<span style="border: 1px solid black; padding: 2px;"></span>				
1003	530	2003	265	Plant filing fee	<span style="border: 1px solid black; padding: 2px;"></span>				
1004	770	2004	385	Reissue filing fee	<span style="border: 1px solid black; padding: 2px;"></span>				
1005	160	2005	80	Provisional filing fee	<span style="border: 1px solid black; padding: 2px;"></span>				
SUBTOTAL (1)					(\$)	<span style="border: 1px solid black; padding: 2px;">385.00</span>			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>									
		Extra Claims		Fee from below	Fee Paid				
Total Claims	<span style="border: 1px solid black; padding: 2px;">108</span>	-20** =	<span style="border: 1px solid black; padding: 2px;">78</span>	x	<span style="border: 1px solid black; padding: 2px;">9.00</span>	=	<span style="border: 1px solid black; padding: 2px;">702.00</span>		
Independent Claims	<span style="border: 1px solid black; padding: 2px;">1</span>	-3** =	<span style="border: 1px solid black; padding: 2px;">0</span>	x	<span style="border: 1px solid black; padding: 2px;">43.00</span>	=	<span style="border: 1px solid black; padding: 2px;">0.00</span>		
Multiple Dependent						=	<span style="border: 1px solid black; padding: 2px;"></span>		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description					
1202	18	2202	9	Claims in excess of 20					
1201	86	2201	43	Independent claims in excess of 3					
1203	290	2203	145	Multiple dependent claim, if not paid					
1204	86	2204	43	**Reissue independent claims over original patent					
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					(\$)	<span style="border: 1px solid black; padding: 2px;">702.00</span>			
**or number previously paid, if greater; For Reissues, see above									
					* Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> <span style="border: 1px solid black; padding: 2px;">\$40.00</span>				

SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)		Paul Davis		Registration No.		29,294	
Signature				Date		April 16, 2004	
				Telephone		650-324-7000	
				Customer No.		25213	